

## TRAP AGREEMENT

Please read and complete the following form and initial each clause. This is an agreement to follow all instructions and directives concerning the loan and use of the City live trap.

\_\_\_ I will bait and set the trap Sunday through Thursday evening only. I will check the trap for an animal the following morning.

\_\_\_ I will monitor the trap daily and contact Animal Services when the animal is trapped that morning or during the business day **before 11 a.m.**

\_\_\_ **I will not bait or set the trap on weekends and before or on any holiday.**

\_\_\_ **I will not set the trap on inclement weather conditions, such as low temperatures below 40 degrees Fahrenheit, highs above 90 degrees Fahrenheit, or when severe weather is expected.**

\_\_\_ I will place the trap in a protected area safe from harsh elements or danger. A trap may be placed in an attic, shed, garage, or under a safe structure, but I will remove the trap from these areas for Animal Services to remove the animal.

\_\_\_ I agree to grant Animal Services permission to enter my property to remove trapped animals and the trap, as applicable.

\_\_\_ I understand that I may use this trap for a period not to exceed 7 days, after which the trap will be returned to Animal Services. **Trap return date is**

\_\_\_\_\_.

\_\_\_ I will not release any animal from the trap.

\_\_\_ I agree not to lend the trap to any other persons or remove it from my property.

\_\_\_ I agree that the responsibility for this trap is solely mine during this agreement, and I will pay for any expenses to repair or replace this trap if it is damaged, lost, or stolen (\$75 per trap).

\_\_\_ I understand and agree that any violation of this agreement by myself may result in immediate removal of the trap, possible citations, and I may be prohibited from any and all future use of City traps.

\_\_\_ I agree to release and hold harmless Seguin Animal Services for any damages or claims incurred to service a trap on my property.

Trap # \_\_\_\_\_

Print Borrower's Name

\_\_\_\_\_

City of Seguin Animal Services

Street Address \_\_\_\_\_ Seguin,  
Texas 78155

Phone \_\_\_\_\_ DOB \_\_\_\_\_

DL or ID # \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_